



O'MELVENY & MYERS LLP

Irvine Spectrum
114 Pacifica, Suite 100
Irvine, California 92618-3315

TELEPHONE (949) 737-2900
FACSIMILE (949) 737-2300

FAX TRANSMITTAL

DATE & TIME:

Tuesday, 06/07/05, 10:29 AM

TOTAL NUMBER OF PAGES:

3

TO:

Nadine Clark - USPTO

FAX NUMBER:

703-308-5083

TELEPHONE NUMBER:

703-308-9250 x144

FROM:

Denise N. Doss

RETURN FAX NUMBER:

(949) 737-2300

TELEPHONE NUMBER:

(949) 737-2970

MESSAGE

Ms. Clark --- In response to your request, attached is a copy of the Issue Fee Transmittal, file-stamped postcard and check. Kindly confirm receipt of this facsimile. Thank you.

IF YOU DID NOT RECEIVE ALL PAGES, PLEASE CALL OUR FAX DEPARTMENT AT (949) 737-2981.

FILE NO.: 491920-029**USER NO.:** 13360**RESPONSIBLE ATTY NAME:** Denise N. Doss**SPECIAL INSTRUCTIONS:****RETURN ORIGINAL TO:** Denise**EXTENSION:** 2970**LOCATION:** IR

This document is intended for the exclusive use of the addressee. It may contain privileged, confidential, or non-disclosable information. If you are not the addressee, or someone responsible for delivering this document to the addressee, you may not read, copy, or distribute it. If you have received this document by mistake, please call us promptly and securely dispose of it. Thank you.

Applicant: Walter J. Ledergerber

Attorney: DBM

Serial No.: 09/813,091

Docket No.: 491,920-029

For: Dual-Sided, Texturized Biocompatible Structure

Please acknowledge receipt of the following by affixing hereon the Patent and Trademark Office date stamp and returning this card to our office.

Enclosures:

1. Issue Fee Transmittal
2. Check No. 629812 for \$995.00
3. Return postcard

Date of Deposit: October 6, 2004

First Class mail



MAIL STOP ISSUE FEE

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

O'MELVENY & MYERS LLP

400 SOUTH HOPE STREET

LOS ANGELES, CALIFORNIA 90071

(213) 430-6000

City Bank Delaware
One Penna. Way
New Castle, DE 19720

62-20
311

No. 629812

629812

PAY NINE HUNDRED NINETY-FIVE AND 00/100

VOID AFTER 90 DAYS

DATE

AMOUNT

09/29/04

*** ** 995.00

TO THE
ORDER OFCOMMISSIONER OF PATENTS &
TRADEMARKS

109832

⑈629812⑈ ⑈031100209⑈

38591192⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. IT IS BEST TO HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT

O'MELVENY & MYERS LLP • 400 SOUTH HOPE STREET • LOS ANGELES, CALIFORNIA 90071 No. 629812

VOUCHER	INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT
31445898	832092804A	09/28/04	FIL FEE (491920-029)	995

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

34263

7590

08/25/2004

O'MELVENY & MEYERS
114 PACIFICA, SUITE 100
IRVINE, CA 92618

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Denise N. Doss

(Depositor's name)

Denise Doss

(Signature)

10-6-04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

09/813,091

03/19/2001

Walter J. Ledergerber

~~XXXXXX~~

2870

TITLE OF INVENTION: ~~TISSUE EXPANDER~~

491,920-029

DUAL-SIDED, TEXTURIZED BIOCOMPATIBLE STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	-----------	-----------------	------------------	----------

nonprovisional

YES

\$665

\$300

\$965

11/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

ISABELLA, DAVID J

3738

623-023740

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

10'MELVENY & MYERS LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Walter J. Ledergerber

Laguna Niguel, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. (#629812 for 995.00)☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2862 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David B. Murphy

Date

9/28/04

Typed or printed name

Registration No.

31,125

This collection is for an application.	10/13/2004	00000028	1	2501	\$685.00	10/12/2004	CK	to process) preparing, and to complete record, P.O. Box 1450,
submitting the c. this form and/or	10/13/2004	00000029	1	1504	\$300.00	10/12/2004	CK	
Box 1450, Alex	10/13/2004	00000030	1	8001	\$20.00	10/12/2004	DA 502862	
Alexandria, Vir	10/13/2004	00000031	1	8001	\$10.00	10/12/2004	CK	